



Send application to:

STATE DEPARTMENT OF EDUCATION
DRIVER EDUCATION
PO Box 83720
Boise, ID 83720-0027

COMMERCIAL DRIVING SCHOOL NAME

Commercial Driving School License YEAR _____

Instruction/Checklist

Allow a minimum of 30 days to process your application.

Instruction Sheet/Checklist

Your commercial driving school license automatically expires on December 31st and must be renewed before any instruction is given in the new year. This commercial driving school license renewal application must be submitted as a complete application (all attachments). Partial applications will be returned. All school locations must be licensed.

Place a check in the Appropriate Box

☐

RENEWAL APPLICATION

☐

ORIGINAL APPLICATION

PLEASE ATTACH THE FOLLOWING:

1. _____ Completed and signed School Application (§49-2102)
2. _____ \$50.00 non-refundable application fee for the commercial school license, payable to the State Department of Education (§49-2104)
3. _____ *Multiple Location* form for schools with more than one site. (§49-2102)
4. _____ "Certificate of Occupant Load," for each site. (If renewal application, include any new school location(s) (§49-2102), (SBR, Section 1.4)
5. _____ "Certificate of Automobile Insurance" form (§49-2102) (SBR, Section 1.5.1)
6. _____ Annual *Driver Education Vehicle Inspection* form for each vehicle (§49-2102) (SBR, Section 2.1):
of Vehicles _____
6. _____ Copy of the *Twelve (12)-Month Vehicle Inspection* Forms for each car that had the inspection during the recent year of licensure (SBR, Section 2.1)
7. _____ A list of the school's licensed commercial driving instructors (§49-2102)
8. _____ The items identified in this application for the Teen Driver (14 ½ to age 17) Driver Education Instructional and Scheduling Standards for an "Approved Driver Education Program" must be on file with the SDE/DED. Please attach any items not submitted previously and/or any updates since your last application. (§49-2102, and SBR, Sections 1.3, 9.2-9.7, 9.11-9.14 and 10.0 inclusive)
9. _____ Background check for non-instructor affiliates (SBR, Section 1.6) (May be submitted prior to application)

Failure to correctly submit the application, with attachments, will result in the return of your application and possible delay in licensure

NOTICE

As noted in § 49-2105, Idaho Code, the State Board of Education may refuse to issue, or may suspend or revoke a license in any case where the board finds the applicant or licensee has violated any of the provisions of this chapter or the regulations adopted by the State Board of Education. A suspended or revoked license shall be returned to the State Board of Education by the licensee.

Meets minimum standard: _____

Driver Education Specialist Signature

Date: _____

Send application to:
STATE DEPARTMENT OF
EDUCATION DRIVER EDUCATION
PO Box 83720
Boise, ID 83720-0027

SCHOOL NAME _____
**COMMERCIAL DRIVING SCHOOL
LICENSE**

APPLICATION

YEAR _____

SCHOOL OWNER(S)

All owners of the commercial driving school must be included in this application. If there are more than two owners, copy the form or provide all the information on a separate sheet of paper.

Primary Owner

Owner Name _____
First Middle Last
Social Security or Tax ID Number _____
Mailing Address _____
P O Box/Street City Zip
Date of Birth _____ ID Driver License # _____
Home Phone _____ Cell Phone _____ Work Phone _____
Fax Number _____ E-mail Address _____

APPLICANT VERIFICATION

- Have you ever been charged or convicted of any crime or violation of any law in any state, federal, or military court?
Note: For the purposes of this question, "a charge or conviction" means (1) all instances in which a plea of guilty or *nolo contendere* is the basis of conviction, (2) all proceedings in which a sentence has been suspended, deferred, or withheld, and (3) all proceedings in which the prosecution was deferred. Yes () No ()
 - If yes, the following applies: if you were adjudicated of a **MISDEMEANOR** less than five (5) years ago, it is necessary to provide a written explanation and any relevant documents from the arresting law enforcement agency and the court that oversaw the final disposition of the offense(s). If more than five (5) years ago, a written explanation is necessary. If you were adjudicated of a **FELONY**, regardless of how long ago: It is necessary to provide a written explanation and any relevant documents from the arresting law enforcement agency and the court that oversaw the final disposition of the offense(s).
- I certify that I have reviewed the Idaho Laws and State Board Rules governing the practice of an "Approved Driver Education Course" provided by a Commercial Driving School and that I will comply with those laws and rules should I be granted school licensure. _____
Initial Here
- I certify that I am familiar with the city, county and state regulations affecting the establishment(s) listed in this application and that I assume all responsibility for their compliance. _____
Initial Here

(please print)

Background check/fingerprint card have been attached or submitted. Yes _____ No _____
The SDE/DED does not have authority to issue temporary licenses. Until the background check is clear for this owner, no school license can be issued.

By your signature upon this application, you attest and affirm that all statements made on this application are true and correct according to your knowledge and belief. Entry of false information on this application could result in denial of your application or revocation of your license.

APPLICANT SIGNATURE

DATE

SCHOOL NAME _____

School Owner(S) and Affiliates

All owners of the commercial driving school must be included in this application.

State Board Rule, Section 1.6

Criminal History Check. Anyone affiliated with the operation or instruction of a Commercial Driving School must undergo a criminal history check using the provisions in Section 49-2103 Idaho Code. If the employee remains continuously employed with a school, an additional background check is not required. However, when a person begins employment with another commercial driving school, a criminal history check is required.

Secondary Owner/Affiliate

Owner Name _____

First

Middle

Last

Social Security or Tax ID Number _____

Mailing Address _____

P O Box/Street

City

Zip

Date of Birth _____ ID Driver License # _____

Home Phone _____ Cell Phone _____ Work Phone _____

Fax Number _____ E-mail Address _____

APPLICANT VERIFICATION

- Have you ever been charged or convicted of any crime or violation of any law in any state, federal, or military court?
Note: For the purposes of this question, “a charge or conviction” means (1) all instances in which a plea of guilty or *nolo contendere* is the basis of conviction, (2) all proceedings in which a sentence has been suspended, deferred, or withheld, and (3) all proceedings in which the prosecution was deferred. Yes () No ()
 - If yes, the following applies: if you were adjudicated of a **MISDEMEANOR** less than five (5) years ago, it is necessary to provide a written explanation and any relevant documents from the arresting law enforcement agency and the court that oversaw the final disposition of the offense(s). If more than five (5) years ago, a written explanation is necessary. If you were adjudicated of a **FELONY**, regardless of how long ago: It is necessary to provide a written explanation and any relevant documents from the arresting law enforcement agency and the court that oversaw the final disposition of the offense(s).
- I certify that I have reviewed the Idaho Laws and State Board Rules governing the practice of an “Approved Driver Education Course” provided by a Commercial Driving School and that I will comply with those laws and rules should I be granted school licensure. _____
Initial Here
- I certify that I am familiar with the city, county, and state regulations affecting the establishment(s) listed in this application and that I assume all responsibility for their compliance. _____
Initial Here

(please print)

Background check/fingerprint card have been attached or submitted. Yes _____ No _____

The SDE/DED does not have authority to issue temporary licenses. Until the background check is clear for this owner/affiliate, no school license can be issued.

By your signature upon this application, you attest and affirm that all statements made on this application are true and correct according to your knowledge and belief. Entry of false information on this application could result in denial of your application or revocation of your license.

APPLICANT SIGNATURE

DATE

**If your school has multiple locations, please complete the
“Commercial Driving School Multiple Location” form**

SCHOOL LOCATION

School name, address and phone will be provided to ITD, Driver Licensing after the license has been issued.

School Name: _____

School Street Address: _____

Street

Room Number (if applicable)

City

Zip

Building description _____ Certificate of Occupancy Yes _____ No _____
(i.e., residence, business complex, retail area, etc.)

Building shared with other businesses? Yes _____ No _____
If yes, type of business _____

School Phone Number: _____ School Fax Number: _____

TEEN DRIVERS (Ages 14 ½ - 17) DRIVER EDUCATION Idaho Statute and State Board Rule Requirements

ATTACH THE FOLLOWING DOCUMENTS

Complies with Idaho Statute and the State Board of Education Rules, dated March 10, 2005.

The SDE/DED recognizes commercial schools independence, and will provide privacy for all documents within the legal limits.

Current copies of the information/documents must be on file with the SDE/DED (SBR 1.3)?

✓ On File or attach copies for each of the following:

- ☐ 1. Copy of Classroom and In-Car Course Outline and identify how it meets or exceeds the standards prescribed by Idaho Code §49-2102 and the State Board Rules (Section 9.0 inclusive) for “Approved Driver Education Programs”.
- ☐ 2. Copy of the school’s classroom, behind the wheel and attitude grading criteria.(SBR 10.1)
- ☐ 3. Copy of the school’s final classroom knowledge test. (SBR 10.3a)
- ☐ 4. Copy of the behind the wheel skills test and scoring criteria. (SBR 10.3b)
- ☐ 5. Copy of the school’s observation log for students completing observation time with a parent/legal guardian. (SBR 9.6c)
- ☐ 6. Copy of the school’s drive log. (SBR 5.2)

VERIFICATION

By your initials, the owner(s) certify the following:

- 1. I/We certify the course meets Idaho Statute §49-2102(1) (2) (3) for all instructional hours. _____
- 2. I/We certify the courses will be regularly scheduled for classroom and behind the wheel instruction periods with concepts first introduced and taught in the classroom followed by practice behind the wheel (SBR 9.4). _____
- 3. I/We certify all students are first given required instruction prior to behind the wheel instruction.(SBR 9.4) _____

By your signature upon this application, you attest and affirm that all statements made on this application are true and correct according to your knowledge and belief. Entry of false information on this application could result in denial of your application or revocation of your license.

APPLICANT SIGNATURE

DATE